

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO. 002346

REGISTRAR'S NO.

3340

1. PLACE OF DEATH A. COUNTY <u>MARICOPA</u>	B. LENGTH OF STAY IN THIS TOWN <u>LIFE</u> IN ARIZONA <u>LIFE</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>ARIZONA</u> B. COUNTY <u>MARICOPA</u>	
	C. CITY OR TOWN <u>PHOENIX</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>SUNNYSLOPE</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>GOOD SAMARITAN HOSP.</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>LAST HOUSE ON EAST MESCAL STREET</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>FLETA</u> B. (MIDDLE) <u>MAE</u> C. (LAST) <u>HANCOCK</u>	4. SEX <u>FEMALE</u>	5. COLOR OR RACE <u>WHITE</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>NEVER MARRIED</u>	
6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH <u>FEB.</u> DAY <u>25</u> YEAR <u>1954</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>None</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARIZONA</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>NO</u>	13. SOCIAL SECURITY NO. <u>NONE</u>	14. FATHER'S NAME <u>WARREN EDWARD HANCOCK</u>
14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY) <u>ARIZONA</u>	15A. MOTHER'S MAIDEN NAME <u>DOLLY MAE MONZINGA</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>ARIZONA</u>	16. INFORMANT'S SIGNATURE <u>DOLLY MAE HANCOCK</u>
17. DATE OF DEATH MONTH <u>JUNE</u> DAY <u>20</u> YEAR <u>1954</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>4721</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED: <u>19A. DATE OF OPERATION</u>		
19B. MAJOR FINDINGS OF OPERATION <u>19B. MAJOR FINDINGS OF OPERATION</u>		19C. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Anoxia</u> DUE TO (B) <u>Viol. infection generalized</u> DUE TO (C) <u>Pharyngitis</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>(Pharyngitis)</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 25</u> , 19 <u>54</u> , TO <u>June 20</u> , 19 <u>54</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>June 20</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>6:20 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE (DEGREE OR TITLE) <u>David G. Jordan M.D.</u>		22B. ADDRESS <u>801 N. 2nd Ave. Phoenix, Ariz.</u>		22C. DATE SIGNED <u>20 June 54</u>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u>NATURAL CAUSE</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>801 N. 2nd Ave. Phoenix, Ariz.</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Phoenix, Maricopa, Arizona</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M <u>6</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Pharyngitis</u>
24A. CORONER'S SIGNATURE <u>David G. Jordan</u>		24B. ADDRESS <u>801 N. 2nd Ave. Phoenix, Ariz.</u>		24C. DATE SIGNED <u>20 June 54</u>
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <u>BURIAL</u>		25B. DATE <u>JUNE 22, 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>MESA</u>
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>MESA, ARIZONA</u>		26A. DATE REC. BY LOCAL REG. <u>6/22/54</u>		
26B. REGISTRAR'S SIGNATURE <u>Bureau Johnston</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>A. Lee Moore</u>		27B. ADDRESS <u>A. L. MOORE & SONS PHOENIX, ARIZONA</u>